



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

CNA REGISTRY
BUREAU OF FACILITY STANDARDS
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OUT OF STATE CREDENTIAL VERIFICATION FORM

COMPLETE THE TOP PORTION THEN MAIL THIS FORM TO THE STATE YOU ARE COMING FROM.
THEY WILL RETURN IT TO THE IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE.

Part I: To Be Completed By Applicant

I am listed on the Nurse Aide Registry in the state of _____
under the name of _____
and my registration number is _____

Social Security Number _____ Date of Birth _____

Telephone Number _____

Mailing Address _____

- ☐ I completed a nursing assistant training program at _____
- ☐ I completed a competency examination on _____
- ☐ I became a nursing assistant by waiver or deeming.
- ☐ I am applying in Idaho under the name of _____

Nurse Aide: Do **NOT** return this form to the Idaho Nurse Aide Registry. After you have completed the information requested above, it is your responsibility to send this form to the state agency you are transferring **FROM**.

Part II: To Be Completed By State Agency

- ☐ The information on this form is accurate and the above-named person is on the nursing assistant registry in our state.
- ☐ The above-named person is not on the nursing assistant registry in our state.

Date of Registration/Certification _____ Number _____

This Nurse Aide successfully completed a training course whose curriculum meets OBRA of 1987/1989. ☐ Yes ☐ No

Date of Expiration of Registration/Certification _____

Has Registrant had any type of disciplinary action? ☐ Yes ☐ No

If yes, please explain: _____

Is Registrant currently under investigation? ☐ Yes ☐ No

Signature _____ Date _____

Title _____ State _____